

Congress of the United States

Washington, D.C. 20515

May 1, 2007

Kevin Fenton, M.D., Ph.D., FFPH
Director
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
U.S. Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Dear Dr. Fenton:

We are writing to request information about the Centers for Disease Control and Prevention's (CDC) implementation of its 2006 HIV Testing Recommendations in Healthcare Settings. We support the expansion of voluntary HIV testing services in order to provide critical information to the estimated 25% of HIV-positive Americans unaware of their HIV status. However, we are concerned that community stakeholders, state government officials, and others at the local level lack clear and consistent information about the mechanisms CDC will employ to promote adoption of those new recommendations. For that reason, we would appreciate a written response clarifying whether CDC intends to require states and territories to comply fully with the new recommendations as a condition to receive federal funding through CDC cooperative agreements and other grants for HIV prevention, surveillance, and related activities.

Illinois, like other states, is currently working on methods to integrate and expand voluntary HIV testing and prevention services into general medical care in ways that respond to the specific nature of the HIV/AIDS epidemic in our state. An important component of this discussion is accurate information about CDC's plans to implement and promote its new recommendations. Illinois depends on federal funding sources for its system of HIV prevention, surveillance, care, and other essential services. While CDC has historically promoted positions that recognize the states' rights to establish public health laws and regulations that reflect local needs, the agency's role in pushing states such as Illinois to adopt name-based HIV reporting systems has raised concerns that CDC will employ similar tactics in pursuit of its testing recommendations.

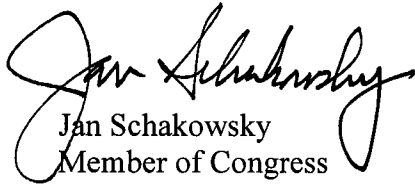
We believe the new recommendations offer policymakers, public health officials, clinicians, and advocates a useful assessment of the challenges and opportunities for wider adoption of voluntary HIV testing. However, no single document can address the wide variability of HIV/AIDS within and among states nor can it account for the unique legal and service systems created and refined over the past two decades. States must therefore be afforded flexibility to pursue locally relevant strategies to expand voluntary HIV testing, without jeopardizing their ability to receive federal funding for essential HIV-related activities.

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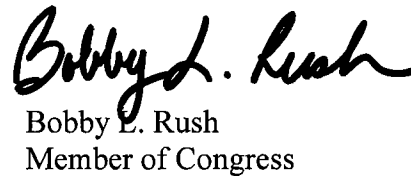
We are well aware that Congress created the Early Diagnosis Grants Program as part of the Ryan White HIV/AIDS Treatment Modernization Act enacted last year and that, if funds are appropriated, the initiative will create some incentives for states to adopt portions of the new testing recommendations. In your response, we ask that you include information on whether funding streams other than the Early Diagnosis Grants Program may be tied to compliance with the new recommendations and, if so, which streams would be affected.

Thank you in advance for your timely consideration of these comments and requests. We look forward to your response.

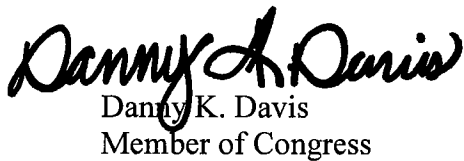
Sincerely,



Jan Schakowsky
Member of Congress



Bobby L. Rush
Member of Congress



Danny K. Davis
Member of Congress